

West Virginia Pharmacy Cost Management Council

Meeting Minutes

January 27, 2005 at 9:00 a.m.

*State Capitol Complex, Building 1, Room 157-K
Charleston, West Virginia 25305*

Members Present:

Shana Phares, Chair
Robert Ferguson, Co-Chair
Robin Perdue
Nancy Atkins
Peggy King
Keith Huffman
Felice Joseph
Dr. Wayne Spiggle
Kevin Outtersson

Absent:

Phil Shimer
Charles L. Burdette
Heather Bresch
Stephen Neal

Others Present:

See Attached Register

Attending the meeting as a representative for Heather Bresch of Mylan Laboratories was Leah L. Summers.

Ms. Phares called the meeting to order. Members of Council were previously emailed copies of the Minutes of the Council Meeting held on December 16, 2004. A motion to approve the minutes was made by Dr. Spiggle. Seconded by Mr. Ferguson. Motion carried unanimously.

Richard Stevens, Executive Director of the West Virginia Pharmacists Association distributed copies of a paper and addressed Council on the subject of remote dispensing. In his report he stated that public policy dictates that current laws regarding dispensing of prescription drugs are intended to protect the public; dispensing is to be done by trained, licensed professionals; that dispensing such prescription drugs requires as much professional knowledge and skill as prescribing such drugs; and, patients deserve services of a licensed professional pharmacist rather than an unlicensed non-professional.

Mr. Stevens further stated that studies show that remote dispensing creates a hazard by the unintentional misuse of prescription medicines, which results in costly emergency visits. By having a pharmacist personally dispense prescription drugs, he can respond directly to questions patients may have as to proper use of the medication, particularly if the physician has either not made the instructions clear or the patient has forgotten the instructions. Patients using a remote dispensing site will not have such a professional on hand, which could result in an unintentional use of the drug.

Additionally, Mr. Stevens believes that additional costs and inconvenience to the patient will be experienced because even remote areas have community pharmacies while patients may have to travel a greater distance to a remote dispensing site.

Further Mr. Stevens stated that the dispensing fee paid federally qualified health clinics as well as all pharmacies is currently \$3.90 per prescription. Medicaid has suggested an increased dispensing fee of \$7.50 for the clinics because those clinics can only bill Medicaid their actual cost of the product and the \$3.90 fee does not cover their cost of dispensing. He believes that from the amount of money Medicaid paid the seven clinics last year, those clinics are not dispensing to Medicaid patients, which have to be a major portion of their patient base.

At the conclusion of his presentation, Mr. Stevens responded to questions from the Council. Dr. Outterson objected to Mr. Stevens' conclusions and said remote dispensing is the same as mail order. Ms. Phares stated nurse practitioners could dispense at remote sites, particularly maintenance medications. Dr. Spiggle agrees that the person dispensing the drugs to a patient should be a professional but not necessarily a pharmacist. Mr. Stevens, in rebuttal, asked who are the health professionals at remote sites? His concern is that personnel at the remote locations have neither prescribing nor dispensing authority.

Mr. William T. Douglass, Jr., Executive Director and General Counsel for the West Virginia Board of Pharmacy (Board), next addressed the Council also on the issue of remote dispensing.

Mr. Douglass told Council that the Board was not against mail-order pharmacies. However the Board opposes remote dispensing because:

1. there is a greater opportunity for mistakes being made by non-professional, untrained personnel;
2. those dispensing pharmaceuticals are not licensed by the Board;
3. large number of drugs and controlled substances; pharmacies association has safeguards in place and still there are diversions.

Mr. Douglass stated the Board has reviewed and considered the issue and cannot support a remote access plan.

In response to the Board's concerns, Dr. Spiggle suggested that it's possible to exclude controlled substances from the plan and clinical professionals should be responsible for remote dispensing.

Relating to access, Ms. King asked if Mr. Douglass is aware of any remote distribution sites. He responded there are some automated dispensers at hospitals and the Board supports automated dispensing if it follows guidelines.

Brian Cunningham, Project Director of the West Virginia Primary Care Association, presented a paper on health centers and patients impacted by remote dispensing at the request of Ms. Phares.

Mr. Cunningham stated there are over 30 satellite sites in 18 counties serving approximately 88,500 patients, 35,500 of which are uninsured. The average percentage of uninsured patients served by community health centers is 35-40%. Pharmacists fill prescriptions at the clinics. A licensed, medical professional dispenses prescriptions at the remote site. He reiterated that the person dispensing the drugs from the remote location is a licensed, medical professional, i.e. MD, DO, LPN.

Mr. Cunningham stated mailing prescriptions to patients who frequent satellite centers increases the cost of prescriptions both to the center and the patient. The cost can vary from \$2 to \$5 depending on the medication, packaging and carrier. Also contracting with a local retail pharmacy to act as a dispensing agency increases the cost of prescriptions through payment of dispensing fees and counseling. The patients ultimately pay these fees ranging from \$5 to \$10 per prescription.

In conclusion Mr. Cunningham told the Council that:

1. studies show these types of programs do not hurt local independent pharmacies;
2. 30% of West Virginians do not have drug coverage and can't afford prescriptions from a retail pharmacy. They receive drugs from their provider or fall through the cracks;
3. remote dispensing does not denigrate pharmacy profession
 - a. remote dispensing prepared by licensed pharmacist
 - b. patient counseling offered through electronic or telephone technology;
4. remote dispensing is enhancement of mail-order system only better because prescriptions would be delivered to licensed medical facility, securely stored and distributed by trained professional instead of sitting in a rural mail box;
5. health centers provide only 340b and other free or low cost prescriptions to patients at health centers; and,
6. remote sites are dispensing samples from pharmaceutical companies patient assisted programs.

Ms. Phares asked Council if the issue of remote dispensing of drugs falls within the Council's charge. It was agreed to by members that the issue does lie within the Council's charge but that further study needs done before moving forward. She asked Mr. Cunningham if he had information on what other states are doing in this regard. He said the Primary Care Association's research in other states varies. He agreed to provide additional information to Council and the Board of Medicine before the next meeting.

Cindy Snyder distributed information and a sample application form for "The Together Rx Access Card" which would serve non-Medicare, uninsured, legal residents of

the United States who have incomes of 300 percent federal poverty level and are under the age of 65.

Ms. Snyder told the Council that the program includes more than 275 brand-name prescription medicines from 10 major companies as well as a wide range of generic products. Also, each of the 10 companies independently offers patient assistance programs and those enrolling in Together Rx Access will be notified if they are eligible for further savings through those programs.

Ms. Snyder stated the Together Rx Access program won't start until mid-February but a previous effort by seven of the participating companies had nearly 1.5 million card holders; was the most widely enrolled prescription savings card for low-income Medicare beneficiaries and helped seniors save over \$700 million on prescription drugs since 2002.

Ms. Phares asked members for suggested topics to cover in the new year. Several members offered a wide-variety of issues along with Council members to chair the subcommittees:

- State-wide PDL
- 340b Program (separate subcommittee): **Ms. Joseph and Ms. Atkins**
- Central-fill pharmacy {utilize PAPs} (the Discount Subcommittee will make a report at the next Council meeting): **Dr. Spiggle and Ms. Perdue**
- Drug marketing practices – links between pricing and innovations: **Prof. Outtersen and Ms. Summers**

Ms. Phares said importation of drugs under the "I Save Rx" operating in Kansas, Missouri, New Mexico, Wisconsin and Illinois, would be on the agenda for the next meeting if Scott McKibbin was available to explain the program in detail. Sally Richardson would be invited to address the Council on the cost of inadequate access, death and morbidity. Nancy King will keep Council abreast of developments under the MMA. Also national personnel from PhRMA, AARP, FDA, would be invited to participate and address Council.

Since the Legislature will be in session, the next meeting of Council was moved from mid-week to a Friday so that interested members of the Legislature could attend. Therefore, the next meeting was scheduled for Friday, March 4, 2005.

The meeting was adjourned at 11:55 AM.